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Original Department.

Lecture.

ABORTION.

DELIVERED BY PROF. WM. T. LUSK,

Professor of Obstetrics and Diseases of Women and Children, at Bellevue Hospital Medical College, October 25th, 1875.

III.

Gentlemen:—There have been many suggestions made and plans proposed to enable physicians to get rid of the duty of removing the ovum by the finger passed into the uterus. Yet it will not do to leave the ovum behind; and there is no real difficulty in bringing it away, if you only start with the idea that you will succeed. Sometimes it may take a little time before you can get hold of the ovum, but because you cannot get it away in a minute, and because you get discouraged, you may want to try some of the other plans suggested; and the readiest thing that will occur to you will be the ovum forceps—to pass the instrument up into the cavity of the uterus, and substitute it for the finger. The objection I have to the forceps is, that you never know, in cases where the ovum is high up, exactly what you are seizing; and if the ovum is well down in the cervical canal, while the ovum forceps are safe, the ovum will pass out, if you let it alone. The forceps may, however, be employed in such cases to expedite delivery, and thus speedily to relieve the woman of her distress. If you use the forceps, follow Dr. Thomas' advice, put your patient upon the left side, and use Sims' speculum. Hook the cervix with a tenaculum, draw it down, and, with your eyes to guide you, apply the forceps. In this way the patient is exposed to no risk. Only remember, that where forceps can be used with entire safety, it is not absolutely necessary to use them at all.

Another way of promoting the expulsion of the ovum is to pass the finger up into the vagina, and press upon the uterus anteriorly, while the disengaged hand grasps the fundus uteri. You will, however, only succeed in cases in which the ovum already occupies the cervical canal. When in that position, the bimanual compression may be employed to expel the ovum in a few minutes, and thus save your patient the pain of delay.

In some cases, the simple introduction of a finger up through the os internum, and allowing it to remain there, may, by exciting contractions of the uterus, cause the expulsion of the ovum.

You may sometimes be called in to see cases in which there has been either no medical attendance, or else one who, either from carelessness or timidity, has left the ovum behind, and then abandoned the patient. One, two, or three weeks after the abortion has taken place, you are called in, and you find the ovum retained and decomposed. It is here, more than ever, important to remove the ovum, in view of the dangers from septic absorption. Now, in every case in which there exists a decomposed ovum in the body of the uterus, the cervical canal is patulous. You can pass your finger even three weeks after the abortion has taken place. The removal of the ovum is effected in the manner already described. The introduction of the finger, however, of necessity leads to the rupture of the capillaries in the mucous

membrane of the uterus, and absorption of the putrid material contained in the uterus is apt to take place, to prevent which it is well to follow extraction by an injection of the uterine cavity with a solution of carbolic acid, from a drachm to a pint. If, however, septic fever sets in, it rarely lasts more than twelve hours, the small amount of septic material left behind after the removal of the ovum rapidly exhausting itself because the supply for blood-poisoning is insufficient. The necessity for removing a putrid ovum is not impaired by the coexistence of either pelvic cellulitis or pelvic peritonitis. The inflammation in these cases is due to the absorption of septic material by the walls of the uterus through the blood-vessels and lymphatics. Thus it becomes one's duty to pass the finger up, and remove the source of the serious symptoms, which are more likely to be controlled by boldness than by parley.

In cases in which patients who have retained portions of ovum, but in which decomposition had not taken place, the ovum may be situated high up and out of reach. Sub involution may exist in the vicinity of the retained ovum, while the lower segment of the uterus is completely closed, so that the finger can no longer be passed up into the cavity of the uterus. As hemorrhage always exists under such circumstances, you must manage to get away the portion of retained placenta. To do this, you may begin by trying for a day or two the introduction of the tampon, with the administration of ergot, in hopes that those agents will force the retained body down into the cervical canal; but I think it is better, especially if your patient has been losing much blood, to introduce a sponge tent at once, and expand the cervix. You know the sponge tent not only exerts pressure, which expands the cervix, but at the same time produces a physiological softening of the tissues, such as exists in labor. Begin with a large sponge tent, and take care to pass it up through the os internum; leave it in twelve hours, when the cervix will have become sufficiently dilated to allow the introduction of the finger. If you have not introduced the sponge tent far enough, however, you will find that you have distended only the lower portion of the canal, while the os internum remains closed, and then it may become necessary to use a second sponge tent. You remember I spoke of the statement of Dr. Goodell, of Philadelphia, that you rarely have any inflammation resulting from the use of the first sponge tent, so it is desirable to be careful to introduce the first one properly.

Sometimes, from mismanagement or neglect, incomplete expulsion of the ovum takes place. When a portion of the placenta or ovum remains adherent to the uterus, after the placenta is developed, fibrin forms around it, and fills the spaces between the villi. A polypus-like body is thus formed, commonly termed a placental polypus. The presence of such a body is to be suspected where abortion has occurred but hemorrhage continues. The latter may cease for a time, while the woman is in bed, but only to return again so soon as she leaves the recumbent position. It is sometimes difficult to determine in these cases whether a patient has been pregnant or not. The woman herself oftentimes may have been unconscious of pregnancy existing. This week a woman was sent to the hospital with a history of constant hemorrhage. I asked her if she had been pregnant. She said no! Was she married? Yes. How long? Five months. Had she passed over any period since her marriage? Yes, one month after marriage, but they returned the following month, and since then she has had her courses all the time. I found on examination a placental polypus protruding through the cervix, and had only to twist it off to relieve her of her trouble.

In the removal of these bodies by the finger, it is necessary to detach them from the wall of the uterus. To do this we must get the finger above them. In working from below upward, you push the uterus away from you, and thus work at a disadvantage. To get that polypus out, it is important to work from above downward, which necessitates a choice in the hand employed. When a placental polypus is situated in the lower segment of the uterus, dilatation of the cervix will be found to exist, so that we can pass the finger at once into the uterus. It is impossible, of course, to tell in advance the side upon which you will find the polypus, whether on the left side, right side, anteriorly or posteriorly. In cases where it is on the right side, you would have to pass the index finger of the right hand up along the left side, along the fundus, and remove it as the finger descends down the right side. If it happens to be on the left side, you would pass in the index finger of the left hand, and proceed up along the right side, over the fundus, and

descend along the left side. If it happens to be situated anteriorly or posteriorly, it makes no difference which hand is used, but it is best to try the left hand, the index finger of which is smaller than that on the right hand, changing, however, to the right hand should the situation of the polypus on the right side render it necessary. Where the polypus is situated at the fundus of the uterus, sub-involution will take place above, while below the uterus so far returns to its normal size as to produce closure of the os internum. As the woman cannot be permitted to bleed indefinitely, you would here pass in a sponge tent, and previously expand the cervix, afterwards passing your finger, and removing the bodies in the same way. The placental remains are usually small, and it is not, by any means, so easy to get them out after detachment as one might suppose; for if the body is small, and does not fill up the cavity of the uterus, it is apt to slip by your finger and get above it, so as to make it necessary to return the finger, and get above it again. The way to remove these small bodies is to press them with the finger closely against the walls of the uterus, until they are brought to the cervix; and then, if it is found difficult to complete their removal, it is proper to resort to the aid of the ovum forceps. Even in cases of perimetritis or parimetritis, it is better to remove placental bodies than to leave them in the uterus to excite hemorrhage, or, from decomposition, to produce an aggravation of existing symptoms. Afterward, never forget to wash out the uterus.

We have next to consider cases of partus immaturius in miscarriage, as the interruption of pregnancy in the fourth, fifth, or sixth month of pregnancy is termed, *i. e.*, until the child becomes viable. There is a practical reason for separating abortion from these cases, because in the later months rupture of the membrane takes place in the large majority of cases, the fœtus escaping first, and afterwards followed by expulsion of the placenta and membranes. And then, in their management, whereas in the first three months we can pass only one finger into the cavity of the uterus, in the fourth and fifth month we can pass two fingers, and in the sixth and seventh month we can introduce the half hand, while in the eighth month, in case of need, it is possible to pass in the whole hand, for the removal of bodies which have been retained. In the fourth and fifth month, however, exceptionally, you have the ovum expelled entire. Although, as a rule, as I have said, we have the membranes rupture first, in some curious cases we have the chorion and the decidua first ruptured, and then the amnion containing the fœtus may be expelled entire, leaving the chorion and decidua to be expelled afterwards. After the membranes rupture, the pressure is taken off from the walls of the uterus, and hemorrhage occurs, which is frequently very profuse. To check the hemorrhage, we should seize the fundus of the uterus, just as we do at full term, and endeavor, by compressing it, to close the walls of the vessels and check the hemorrhage, and at the same time to express the placenta.

Even in the first three months, the pains that occur are of a dull, constant character. After the fourth month, the regular bearing-down pains are experienced. After the emptying of the amnion, and expulsion of the fœtus, should compression fail to check the hemorrhage and force out the placenta, its removal becomes necessary. Even when the hemorrhage is temporarily checked, it is not well to delay too long the removal of the placenta, which can generally be accomplished more readily during the first three quarters of an hour than later. Remember that in the fourth or fifth month the placenta can be removed by precisely the same rule employed in the case of a placental polypus. Endeavor to get your fingers above the placenta, which you will find has generally been partially detached by the contractions of the uterus. In the sixth and seventh month, the detachment of the placenta is accomplished by precisely the same rules which govern its removal at full term. If necessary, you may use four fingers, or even the whole hand; but even at full term it is rarely necessary to introduce more than four fingers; still more frequently, two fingers will suffice. With regard to the retained ovum at this later period, all the rules which I have given you cover the ground. When the ovum is decomposed, the cervix will be found patulous. If the ovum is not decomposed, and is detained in the uterus, you must put in a sponge tent, and dilate the cervix previous to attempting its removal. These points ought to enable you all to get out of your difficulties in cases of abortion.

Cases in which abortion has been improperly managed at the time, and which fall afterward into your hands, form a department of practice

in which intelligent treatment is almost always rewarded by success. Even when your patients look as if they could not live another hour, if you remove these bodies, in a week after they will oftentimes be up and around, and add more to your reputation than almost any other class of cases. I had infinitely rather treat a patient of this kind than one with cervical catarrh. A patient comes to you with catarrh, and though you may know just what to do, you never can predict just how long it will take to accomplish a cure; but in these cases you are able to assure your patient that, in the course of a few days, she may expect a complete recovery.

EDITORIAL DEPARTMENT.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Louis A. Duhring, of this city, has in preparation an "Atlas of Skin Diseases." The atlas will consist of a series of original, nearly life-size, chromo-lithographic illustrations, painted from life, representing the most important diseases met with in the United States. The drawings will be reproduced in the highest style of the chromo-lithographic art. This atlas will appear in parts, to be issued quarterly, each containing four plates. J. B. Lippincott & Co., publishers.

——Two clinical lectures, by Dr. William Goodell, on the causes, prevention, and cure of laceration of the perineum, have been published in pamphlet form (J. B. Lippincott & Co.). They are well illustrated, and the suggestions are most ingenious and practical.

——The "American Agriculturist" is a marvel of cheapness, beauty and utility, costing only $1.60 a year, postage included, for its more than 500 double pages of useful information, and 500 to 600 fine engravings. Every family should have it. Orange Judd Company, publishers, 245 Broadway, New York city.

——Lippincott's Magazine makes a strong bid for popular favor during the coming year by beginning in the January number a series of papers entitled "The Century, its Fruits and its Festival," and designed, as the name indicates, as a record of the Centennial Exhibition. The whole number is bright and readable in a high degree, and commends this magazine strongly to those desiring to subscribe to such a periodical for the coming year. $4.00 per annum. J. B. Lippincott & Co., publishers, Philadelphia.

——The tenth of the series of "American Clinical Lectures," published by G. P. Putnam's Sons, Fourth avenue and Twenty-third street, New York, is by Prof. Alfred L. Loomis, on Peritonitis.

——Dr. Henry Gibbon's Report, as Health Officer of San Francisco, is a brief and careful summary of the vital statistics of that city, as near as they can be gotten at—which is not very near.

——A neat pamphlet has been published by John McKittrick & Co., St. Louis, entitled "Manitou, Colorado, its mineral waters and climate, by S. Edwin Solly, M.R.C.S." It gives analyses and other interesting facts regarding these far-west sources.

——Dr. Thad. M. Stevens, of Indianapolis, has favored us with reprints of several articles written by him lately. One is on State Boards of Health, their value, and the subjects they study; another on malpractice; and a third on an ingenious method of rapid and automatic filtration. Copies may be had of the author.

——The *Penn Monthly*, published at corner 8th and Locust, Philadelphia, is an ably conducted journal, giving a wide variety of well selected articles on science, literature, political economy and art. Its critiques are usually impartial and penetrating.

——Dr. V. T. M'Gillycuddy sends us a copy of his map of the lately explored and auriferous Black Hills country. It is, so far, the best, and we may say, only one published.

THE

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THE CLOSE OF 1875.

With this number the thirty-third volume of the Medical and Surgical Reporter draws to a close. We give an ample index of its contents, which shows, in more positive words than any we can use, the great variety and richness of it contents. No volume that has yet appeared has so many articles, none has such carefully written and selected ones.

For this excellence the editor returns his thanks to the many gentlemen who have assisted him in achieving this result, and to the continued kindness of subscribers who have enabled him to meet the very heavy expenses which such an undertaking entails.

In spite of the general depression in the publishing interest, he is happy to see at the close of the year the journal more thoroughly established than ever before, and with a corps of laborers which guarantees for it a long and useful future. In the coming year we feel confident of equal and even greater support from both contributors and subscribers.

Notes and Comments.

The Catheter in Enlarged Prostate.

At a meeting of the Tri-States Medical Association, held at the Delaware House, Port Jervis, New York, December 1st, 1875, Dr. W. L. Appley, of Cochecton, New York, read a paper on the treatment of enlarged prostate; advocating the early use of the catheter as the best remedy; giving his experience, and the result of several cases treated by him in this way. Three men over sixty years of age, that had acquired the tolerance of the catheter, and introduced it themselves four or five times daily, and could not void a drop of urine without it, depend upon it entirely to empty the bladder. One had used it two years, one four or five, and one had worn a silver catheter, constantly, for ten years, removing it once a week, long enough to wash it. The man is hale, ruddy-faced, and quite active. The Doctor urged it as a duty upon the profession, to be unanimous in insisting upon the early use of the catheter by the unwilling patient; and have him understand the importance of commencing the use of the instrument early, and have him learn to be his own surgeon, and acquire the tolerance of the instrument before he has retention.

The Association voted, unanimously, to have the paper published.

The Digestive Movement in Plants.

The following account of this movement is that given by Dr. Darwin in his late work:—

It opens up to us the secret of many of the so called animal motions The interior of each cell is filled with, or rather is composed of, a mass of protoplasm. This at rest and in health is more or less uniform in character; but being irritated or excited, it becomes cloudy from the formation of granules, and these granules, in accordance with their ordinary laws, tend to aggregate into a spherical mass, leaving a clear ring of moving protoplasm around. This ring also disappears, and now there is but one central protoplasmic mass, undergoing all manner of changes of shape, such as we are wont to see in free-moving leucocytes. Cell after cell is thus affected in a moment's time, until, under

the influence of the combined movements, the whole tentacle obeys the impulse, and closes in upon its prey. This continues whilst the gland cells are in an actively oxygenated state, but by-and-by ceases, the tentacles re-expand, the cellular masses of protoplasm are re-dissolved, and the cells fill with a homogeneous liquid.

The Healing Element in Arnica.

The ingredient in arnica long supposed most important was *arnicine*, an amorphous bitter substance, almost insoluble in water, but freely soluble in alcohol and ether; or else the ethereal oil, which is also insoluble in water. For a variety of reasons, it is now probable that neither arnicine nor the oil, but *trimethylamine*, an organic alkali, is the really useful constituent of arnica.

Trimethylamine, $C_3 H_9 N$, is a clear, colorless fluid, very volatile, and freely soluble in water, alcohol, and ether.

For external bruises and cuts arnica is, undoubtedly, very useful; and the mischances that have attended its use have probably resulted from the fact that the tincture, containing arnicine and the volatile oil, has been employed. The infusion or decoction alone should be used, and it would be better to give up employing all liniments and lotions in which the tincture is present.

Subcutaneous Operation for Cicatrix.

Not long since, Mr. Adams showed to the London Medical Society a young woman on whom he had operated for an ugly cicatrix, left when a part of the lower jaw had to be removed. The operation performed for the large depressed cicatrix on the right side consisted in subcutaneous division of all the deep adhesions, and then thorough eversion of the cicatrix, turning it as it were inside out, and keeping the cicatricial tissue raised by two needles passed through its base. This tissue, at the time swollen and infiltrated, gradually sank to the level of the surrounding skin after the removal of the needles on the third day. Since the operation, performed more than three years ago, there had been no disposition whatever to a return of the depression, and but a very slight trace remains of the cicatrix. The two smaller cicatrices had been excised, but in one of these depression returned, and at the desire of the patient the subcutaneous operation was performed a month ago, and to all appearances is perfectly successful. Mr. Adams, in conclusion, remarked that the present case was the third in which he had operated by this subcutaneous method, first suggested and performed by himself in March, 1864.

Blue Urine.

At the Society of Biology, lately, a good example of blue urine was exhibited by M. Albert Robin. The urine was from a hysterical female, and might be considered a critical phenomenon, judging from the neuralgic paroxysms. Whatever quantity there might be, the urine was always turbid, and contained only a little urea and uric acid, but a great quantity of phosphate of lime, ammonia, magnesian phosphate, and even silica. The blue material was composed of amorphous masses of nuclei and granules. Under the influence of heat it became reddish; fermentation gave it a wine color, hydrochloric acid a reddish carmine; this last reaction was characteristic. In fact, the blue material appeared to have all the characters of what Braconnet calls cyanurine, and which he attributes to a transformation of uric acid, and which other authors, especially Nencki, consider under the name of *indol*.

News and Miscellany.

—We are still in need of a few numbers of Half-Yearly Compendium, Ser. 1, No II; and copies of the Reporter for Jan. 1874.

QUERIES AND REPLIES.

Dr. W. H. W., of Ill.—For the Smithsonian Report apply to your Congressman.

Dr. W. P., of Ala.—We know of no authentic instances of pre-Adamitic remains in the United States.

OBITUARY.

DR. JOHN P. METTAUER.

It becomes our sad duty, says the Virginia *Medical Times*, to record the death of another of Virginia's great men, Dr. J. P. Mettauer. He died of some renal disease, at his residence, at Worsham (the old Court House of Prince Edward County), Va., on November 22d, 1875, in the 88th year of his age. He entered upon the practice of his profession when about twenty-one years of age, and continued constantly at his post until within a few days of his death, when seized by the fatal attack of disease, all the while enjoying a large and lucrative practice. During his long life of active labor, he won for himself, at home and abroad, an enviable reputation. Indeed, no Southern surgeon was more widely known. Many of his contributions to medical journals have become authoritative papers. But want of space curtails our notice; no doubt a full record will appear in the next report of the Necrological Committee of the Medical Society of Virginia, of which Society he was an honorary member. We can only add our full endorsation of the statement made in the Richmond *Dispatch*, that "he was a man of scrupulous integrity, high tone, much culture and great gravity and dignity of manner."

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